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ABSTRACT

The standard western theoretical approach to mental health counseling is not applicable to the views held by Native American clients. Consideration must be given to their unique differences, if the therapist is to provide maximum effectiveness. Several perspectives offer alternative counseling procedures. For instance, Indians place great importance in the "higher being" and use the medicine man as an intermediary. Therefore, the medicine man should be considered by therapists if other strategies have failed. The Indian holistic approach to past, present, and future must be kept in mind because it is in conflict with the western approach of placing emphasis on past happenings as causes for one's problems. The therapist must also remember that Indians will first seek aid from their family and extended family and that the last place they will seek aid is from a formal health care institution. Similarities and differences in attitudes, beliefs, etc. among Indians should be considered by looking at the characteristics of the family lifestyle pattern, whether traditional, bicultural, or pan-traditional; and how that lifestyle affects the client's behavior. A 1972 study by Dr. Carolyn Attneave seems to suggest that their poor economic situation must be seen as a major cause for many Indian problems existing today, including the problem of mental illness. (Author/AN)

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SUGGESTED PERSPECTIVES IN COUNSELING THE AMERICAN INDIAN CLIENT

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SUGGESTED PERSPECTIVES

IN COUNSELING THE AMERICAN INDIAN CLIENT

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INTRODUCTION

Before one can attempt to suggest strategies in counseling the American Indian, one must take a closer look and clarify the broad definition of "mental health" and see how it relates to the American Indians.

According to Webster's New Collegiate Dictionary (1974), Mental Health is defined as:

> "Of or relating to the total emotional and intellectual response of an individual to his environment".

Because of the uniqueness of the American Indians in a dominant society, one must consider that his/her emotional and intellectual responses are not measured in accordance with "his/her" Indian environment, but by a criterion set forth by White middle class values, attitudes, and beliefs.

For purposes of this research I have considered the common mental health problems to include the following: Sampson 1977.

- alcoholism
- family breakdown
- self destructive behavior (suicide)
- faulty childrearing
- feelings of dependency, powerlessness, low self-esteem, internalized anger, depression and anxiety
- psycho-physiological problems
- adjustment problems relating to technological changes, urban pressure, and intrusion by the dominant white society.

Because there is not foreseeable change in the environmental criterion (White v. Indian) used to assess the mental health problems of the American Indian, one must then attempt to work within the "system" to help alleviate stereotypes held by the Non-Indian. Consideration must be given to the differences (attitudes, values, beliefs and religion) of the American Indians in the counseling strategies utilized, if they are to have long-term effectiveness.

THE INDIAN OUTLOOK ON MENTAL ILLNESS

A practioner with a western psycho-analytic outlook toward mental health would immediately find that this psychological philosophy of therapy is inadequate in relieving the situational problems facing the American Indian. I feel that in an attempt to reduce these mental health problems one must take a more client-centered therapy approach in dealing with this group of people. Blackham (1977) summarized one of the most important client-centered therapy concepts of Unconditional Positive Regard for the client as follows:

> "In order to enable the clients to explore their problems, their experience, and other dimensions of their adaptation to the environment, therapists must accept and value clients as they are and convey an accurate understanding of the clients' inner frame of reference in a nonjudgmental way."

With this statement in mind one should look at how the American Indian perceives mental instability.

Mental illness has been traditionally seen as a dysfunction of man with this environment. When disharmony occurs with the Indian individual and one or all of the following: 1) the natural living world, 2) relationships with fellow human beings and, 3) the mystical, the outcome is mental and/or physical illness (Lewis 1977.)

The Indian outlook on "time" is another important concept one should consider in the counseling situation. Zychowicz (1975) stated that,

> "Time is viewed in a non-linear sense. Small units of measurement lose importance, and past, present and future are seen as one and thus have equal value."

This Indian attitude toward "time" may be in direct conflict with the western philosophy of therapy, placing importance in past experience as a cause for present problems. If the Indian client considers the

present and future experiences as important, a therapist may do well in seriously considering this time element in the helping situation.

Let us now consider the traditional means of alleviating the problems of the American Indian.

THE MEDICINE MAN IN COUNSELING STRATEGIES

The American Indians have always been a deeply religious group of people with a strong belief in a higher being. Their main means of alleviating problems in the past, and still used by traditionalist, was through the use of a medicine man. It is believed that through the medicine man, as a mediator between the higher being and the Indian individual, that the healing powers of our "father" flows.

Because many Indians strongly believe in the curative abilities of the medicine man, this therapy approach should not be overlooked as pagan superstition by Non-Indian therapist, and could be utilized as an additional therapy strategy, if other approaches have failed.

THE IMPORTANCE OF THE INDIAN COMMUNITY SYSTEM IN THERAPY

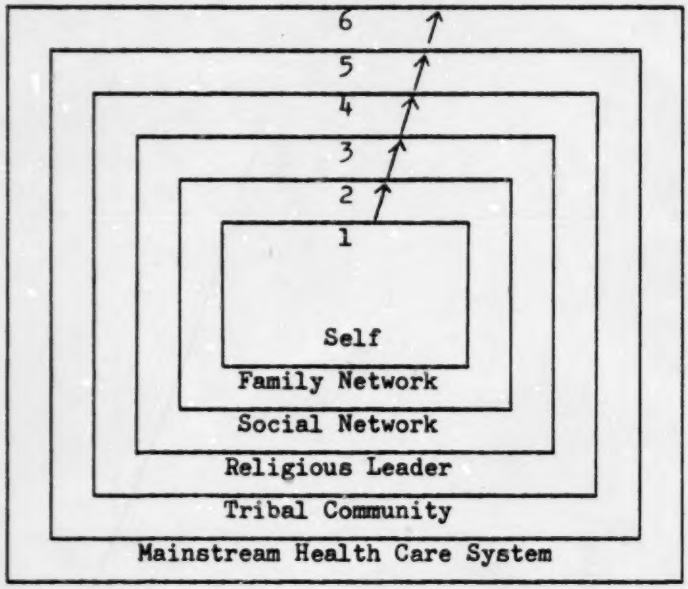
Irvin M. Levine's social conservation model best describes the importance of the Indian community in the theoretical outlook on Indian Mental Health. The social conversation model is paraphrased by Red Horse, Lewis, Feit and Decker (1978) as:

> "This model assumes that individual mental health is linked to a sense of selfhood which is accomplished through adherence to a historical culture and is transmitted principally through family socialization. Family structure and process, therefore represent the cornerstone for individual behavior culture acquisition, and mental health."

Because the western society's outlook on extended family includes the grandparents, parents, and children; this concept is not the same as the extended family concept of the American Indian. The Indian's perception of the extended family would not only include those individuals mentioned above, but also grandparents' sisters, brothers, aunts, uncles, and clan members including their children, grandchildren, great-grandchildren, etc. To illustrate this example, I belong to the Eagle clan, which is the largest clan of my tribe (Acoma Pueblo). I was brought up to believe that any clan member (also outside of my pueblo) is considered a relative. This attitude is held because of the traditional belief that all Eagle clan members came from the same ancestoral mother, making us related. This traditional outlook by an Indian would be considered the extended family.

The following chart developed by Dr. Ronald Lewis (1977) shows in order of importance, the people and places utilized by the Indian individual in seeking help. (See following page.)

Figure 1. Individual seeking aid-numbered according to order of significance and sequential path followed by Indians seeking help.



1. Individual (self-help)
2. Goes to immediate family (sisters, brothers, mother, & father)
3. Then to extended family (cousins, aunts, uncles, etc.)
4. Religious leader (medicine man)
5. Tribal leaders (tribal council)
6. Finally formalized health care delivery system (PHS Hospital, alcohol treatment centers, etc.)

Because of the social network developed for reducing problems as shown by the chart, the therapist at a formal health care institution must realize his level of importance within the system. As Dr. Lewis stated (1977),

> "The last place the person will go for help after all else has failed or if she or he has done something drastic, is a formal agency."

DIFFERENT INDIAN FAMILY STRUCTURES FOR CONSIDERATION IN THERAPY

As previously mentioned, my main concern was to bring out the cultural differences of the American Indian, while breaking down any stereotypical barriers which may exist. In this section we will look at the old cliche' "All Indians are alike".

Though Indians have many similarities in beliefs, values and attitudes, they (like other races) are not all alike. In an attempt to help bring about a better understanding of the differences in Indian clients, the following chart was developed by Red Horse, Lewis, Feit and Decker (1978) showing the characteristic pattern of three (3) distinct Indian family structures. Although the Indian group studied were urban Indians living in Minneapolis, these family structures could be generalized to the reservation Indian as well.

Chart I. Some selected variables of behavior according to family lifestyle - patterns among Minneapolis Urban Chippewas.

Variable of Behavior	Family Lifestyle Pattern		
	Traditional	Bicultural	PanTraditional
Language	Ojibway constitutes conversational language of parents and grandparents. Children are bilingual and able to transact family affairs following Indian language.	English constitutes conversational language by parents, grandparents, and children. Grandparents are usually bilingual. Some Indian language is recaptured through formal classes.	Either English or Ojibway constitutes conversational language of parents, grandparents, and children. Indian language is recaptured through formal academic classes.
Religion	Midewiwin remains as the belief system. It retains the characteristics of a very closed system, following	Anglo belief system prevails; is generally, but not exclusively, Catholicism. Some all-Indian congregations exist	A modified Indian belief system mixing several traditional forms; i.e. Midewiwin, Native American Church,

Chart I. (Continuation)

	Traditional	Bicultural	PanTraditional
	family networks.	with culturally adapted canons.	etc. Unlike closed structure of traditionalists, proselytizing strategies are employed.
Family relational field	Extended Network	Extended Network	Extended Network
Social engagement	Some acceptance of dominant society's activities; i.e., bowling, etc. Cultural activities such as feasts, religion, and pow wows prevail and take precedence over all others.	Dominant society's activities prevail, i.e., bowling, baseball, golf. Relate to non-Indians well. Cultural activities remain of interest but not necessarily enacted through behavior, e.g., will sit and watch at pow wows and read about religion. Very active in Indian meetings and politics.	Openly eschew activities of dominant society. Cultural activities prevail. Those who are not expert try to recapture singing and dancing skills.

Note: In reviewing the chart please remember that these are generalizations of family structures, and that the characteristics are not necessarily bound by the category they are placed in. (Example: An Indian-Speaking family could be Bicultural in attitude.)

This chart may serve the therapist as an aid in understanding that there exists Indian differences, which is an important consideration in the helping situation.

CASE STUDIES - THE NATIVE AMERICAN APPROACH.

The following are case studies taken from a paper by Dr. Ronald Lewis (Cherokee) which was presented at the Native American Social Workers Convention at San Diego, California in 1977.

The cases are presented to help show the importance of the Indian traditional outlook in the counseling situation.

Case Study 1.

Ben Dancewell is a thirty-four year old full-blooded Cheyenne-Arapaho who was medically diagnosed as an alcoholic. He is married and has four children. He is an excellent dancer and has won several dance contests. The timing of the therapy was unique in that it was held after the ceremonial dances.

The ceremonial dances served Ben in many therapeutic ways such as 1) helping him ventilate his feelings; 2) helping him possess a unique sense of identity and pride in his culture; 3) giving him a great sense of belonging through being with other Native Americans; 4) as he danced one could see other Indians giving him support, therefore he gained a unique support system; 5) this experience enhanced his altruistic feelings and made him feel uniquely ready for therapy.

In attendance was his entire primary family, as well as his parents. Each week, he began to ventilate, for example about his pride at being an Indian but how he felt inferior when he was in a majority culture. After several sessions of ventilating and using the extended family as support, drinking diminished and he was able to hold a job.

Case Study 2.

Joe Nighthawk, a twenty-one year old full-blooded Cherokee, severely depressed, came to the therapist very excited because a nighthawk (sacred bird to the Cherokee) had been found injured in his backyard and he had nursed it back to health. To him this was indeed a good omen. Instead of passing it off as pure superstition, the therapist stated that he was pleased because of the appearance of the omen, improvement in all areas of life might occur. That maybe this sign meant he should use the positive forces and strength in his life to copy. The patient appeared very encouraged and elated as he left the office.

Case Study 3.

Ben Brown, a thirty-five year old full-blooded Creek Indian came to the PHS (Public Health Service) Clinic complaining, in Creek, of many psychosomatic complaints such as nausea, vomiting, and trembling. He was checked medically and the doctors suggested that it was psychosomatic. The wife lead the therapist aside and suggested a curse has been put on him, and only the religious leader could cure him, could she use him.' The therapist concurred. Once a week the medicine man met with the man. No information concerning the man's curse was discussed with the therapist or any members of the family. Sessions were dealt with secretly but the psychosomatic manifestations began to diminish and the Indian returned to his job.

One Indian woman who was very depressed over her husband's death reported a dream in which her husband came back to her as a bird. In her husband's voice, the bird said that he was in a better place now and was waiting for her to join him. He said that she must be strong for the grandchildren. After talking about the dream, the woman seemed happier and relieved about her future. The therapist expressed confidence in the message of the dream, but did not attempt to interpret it. This type of situation needs no interpretation to an Indian person ---it's meaning is quite clear.

The therapist in all the case studies mentioned, carefully used the Native American approach (dances, omens, medicine man, and dreams) to the advantage of his clients. There were certain positive stategies worth noting about the manner in which the therapist dealt with this traditional society.

First, when dealing with the client utilizing the medicine man, the therapist did not dwell or pry into the intracies of their meetings. If there is a non-Indian and Indian therapy relationship, the encounters which are considered sacred by the Indian individual, will usually not be discussed.

Secondly, when dealing with dreams, the fashionable psycho-analytic theories used in dream interpretation will not apply to the American Indian, but will only serve to alienate the Indian client. As the therapist stated, Lewis 1977.

"This type of situation needs no interpretation to an Indian person - - - it's meaning is quite clear."

"MENTAL HEALTH OF AMERICAN INDIANS: PROBLEMS, PROSPECTS, AND CHALLENGE FOR THE DECADE AHEAD." A Study by Dr. Carolyn L. Attneave.

The following material was taken from a paper presented to the American Psychological Association's 80th Annual Meeting (1972), by Dr. Carolyn Attneave of Dorchester Mental Health Center, Boston Massachusetts.

In an attempt to find the answer to two (2) main question,

(1) What are the major problems facing your people?

(2) What are the major mental health problems of your tribe?

A questionaire was devised and sent to the Bureau of Indian Affairs (BIA) on July 1972, to be distributed to one hundred and seventeen (117) tribes around the United States. Only ten (10) completed questionaires were received. A second mailing of two hundred (200) questionaires was sent to the USPHS Indian Health Service staff around the country. Of these, only forty-eight (48) were usable, with twenty-four (24) indicating they were Indian and twenty-four (24) indicating they were not.

Because of the low response to this study, Dr. Attneave suggested:

> "Since the data is not yet large enough to constitute a voice of the people from which sound generalizations can be made. Rather the data can be used as suggestive trends...and of concerns which may guide seekers after more definite answers."

With this in mind, let us look at the responses to the questionaire.

Table 1. Major Tribal Problems

	Leader	Indian	White	Total
Economic Problems				
Employment insecurity/ instability	6	15	10	31
Lack of Economic Base	3	3	3	10
Inadequate Housing	2	4	1	7
Inadequate Food	-	1	1	2
Lack of Water	1	-	-	1
Lack of Transportation	1	-	-	1
				52

(Continuation. Major Tribal Problems.)

	Leader	Indian	White	Total	
Community Disorganization	7	9	9	25	
Need for self determination	1	-	4	5	
Dependency	-	-	2	2	
Lack of support services	4	-	3	7	
					39
Addictions					
Alcoholism	4	17	14	35	
Solvents	-	2	-	2	
Drugs	-	1	-	1	
					38
Cross Cultural Problems					
Identity confusion	2	9	15	26	
Racism, exploitation	-	1	4	5	
					31
Family Dysfunction	-	4	6	10	
Educational Handicaps	-	5	5	10	
Suicide & Self-Destruction	-	2	3	5	
Miscellaneous	-	1	3	4	

L = Tribal Leaders (10)

I = Indian IHS Staff (24)

W = Non-Indian IHS Staff (24)

In Table 1., it is immediately seen that there is an overall agreement between tribal leader, Indian IHS staff and Non-Indian IHS staff that basic tribal problems stem from economy (52) with employment insecurity and/or instability seen as a contributing factor (31). It is also interesting to note the vast differences of perceived "Identity Confusion" (Cross Cultural Problems) as a major tribal problem among the tribes by the Non-Indian IHS staff (15) in comparison to the Indian IHS staff (9) and the Tribal leaders (2). The Non-Indian attitude of "Identity Confusion" as a cause for many of the mental health problems of the American Indians, should be looked at more carefully and in greater detail, with consideration given to economics.

Table 2. Major Mental Health Problems.

	Leader	Indian	White	Total	
Addictions					
Alcoholism	4	8	18	30	
Drug Abuse	1	-	2	3	
Solvents	-	-	-	0	
					33
Community Disorganization					
Inadequate Support Services	4	7	5	16	
Inadequate Education	-	1	5	6	
Insulation, lack of coop. of Resource Persons	1	2	1	4	
Inability to work together	-	1	1	2	
Lack of leadership	-	-	1	1	
Need for self-determination	1	-	-	1	
					30
Cross-Cultural Problems					
Identity Confusion	2	2	3	7	
Cross-cultural stress	-	5	3	8	
Rapid social change	1	1	-	2	
Poor self-image...lack of pride in heritage	-	2	5	7	
Denial MH problems exist	-	-	1	1	
Hate, guilt	-	1	2	3	
					28
Self-Destruction					
Suicide	-	4	7	11	
Accidents	-	-	4	4	
Homocide	-	-	1	1	
					16
Family Dysfunction	2	3	13	18	
Personality Diagnosis	-	4	14	18	
Economic Problems	-	-	9	9	

In Table 2., there is general agreement that alcoholism (30) is seen as the greatest mental health problem of the tribes. "Family Dysfunction" seen as important by thirteen (13) Non-Indian staff members, was given little consideration by both the Indian IHS staff (3) and the Tribal leaders (2). This table may serve to focus our attention toward more adequate and efficient alcohol treatment centers for dealing with the major problem of the American Indians.

The last Table will show the research and projects conducted at present (Attneave 1971) and in the past, in comparison to this study.

Table 3. Comparison of Major Problems of American Indian 1972 with Past and Current Research and Projects.

	Tribal Problems	M H Problems	Psychology Abstracts 1967-72	Science Information Service FY 1971
Economic problems	59	9	2	15
Addictions (Alcoholism, Drugs)	38	33	3	14
Community Disorganization	39	39	3	8
Education	-	10	7	34
Self Determination	1	5	2	2
Cross-Cultural Problems	31	28	24	6
Suicide & Self Destruction	10	17	2	2
Family Dysfunction	10	18	1	4
Personality & Psychiatric Diagnosis	-	18	4	-

In conclusion, this study seems to suggest that consideration of the economic situation of these people, maybe of greater importance as a major cause for mental instability. And that the major trend toward Indian Education, maybe without hope, in alleviating some of the problems that face the Indian communities. As a Eskimo man stated, (Attneave 1972)

> "The white population seem to think that EDUCATION is going to solve all the big problems, but education alone is not solving them, and seems to me is ruining the life of our people."

CONCLUSION

When focusing on the Native American client, the standard western theoretical approach to counseling is not applicable to the views held by these people. Consideration must be given to their unique differences, if the therapist is to provide maximum effectiveness in the counseling situation. Several perspectives are brought forth to offer alternative considerations in counseling the American Indian.

1. With great importance placed in the "higher being", the medicine man is used, (as a mediator between the "higher being" and the individual), to help alleviate problems and should be considered by therapist if other counseling strategies have failed.

2. The Indian holistic approach to past, present and future is another concept worth mentioning, because it is in conflict with the western approach of placing emphasis on past experiences as causes for one's problems.

3. Because the community plays a significant role for the Indian individual seeking help, a therapist must consider their place within the system and realize they are the last place an Indian will go for aid.

4. Similarities and differences in attitudes, beliefs, etc. among Indians should be considered, in the counseling situation, by looking at the characteristics of the Family Lifestyle Pattern (Traditional, Bicultural, and PanTraditional) and how the lifestyles affect the behavior of the Indian client.

5. With past research emphasis on Indian Education as a cause for the plight of the Native American people, the search for finding a solution within Education may not be the answer. Dr. Attneave's study seems to suggest that economics as a major importance, should be given more serious consi-

deration as a cause for many of the problems (including mental health) that exists on the reservations today.

I hope that the perspectives given will be of help in dealing with the Indian client, and should be considered, if not implemented, as a counseling technique for future reference.

REFERENCES

Attneave, Carolyn L. "Mental Health of American Indians: Problems, Prospects and Challenge for the Decade Ahead." A paper presented to the American Psychological Association 80th Meeting, Sept. 1972.

Blackham, Garth J. Counseling: Theory, Process and Practice, Belmont, California, Wadsworth Publishing Company Inc., 1977.

Ferreira, Linda Ohlsen, "Counseling Native American Children", Contemporary Education, Vol. 46, Summer 1975, 305-306.

Hait, Albert B. "The Relationship of Socio-Cultural Variables to Selected Personality Traits Among a Group of American Indians." Dissertation. University of New Mexico, 1975.

Lewis, Ronald, "Cultural Perspective on Treatment Modalities with Native Americans". A paper presented to the Native American Social Workers Convention, 1977.

Red Horse, John G.; Lewis, Ronald; Feit, Marvin; and Decker, James. "Family Behavior of Urban Indians." Social Casework, Feb. 1978, 67-72.

Sampson, Donald E. "Mental Health Services for Native American." Mental Health Service, Albuquerque Indian Hospital, 1977.

Zychowicz, Marlene J. "American Indian Teachings as a Philosopical Base for Counseling and Psychotherapy". Dissertation. Northern Illinois University, 1975.